BEST AVAILABLE COPY

							Application or Docket Number						
	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 1997							ORD 09138146					
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMA TYI	ALL ENTITY PE	OR		R THAN ENTITY			
FOF	₹		NUMB	ER FILED		NUMBER EXTRA		RAT	FEE		RATE	FEE	
BAS	IC FEE								395.00	OR		790.00	
тот	AL CLAIMS		2	20 minus 20 =		*		x\$11	=) OH	x\$22=		
<u> </u>	EPENDENT CL			THIII	us 3 =	· 2		x41:	=	OR	x82=	164	
MUL	MULTIPLE DEPENDENT CLAIM PRESENT						+135	=	OR	+270=	-		
* If t	* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	L	OR	TOTAL	954		
	CLAIMS AS AMENDED - PART II									OTHE	R THAN		
	F55 7 // (S	, `	mn 1) NMS	1000 pt 1000	,	Column 2)	(Column 3)	SMA	ALL ENTITY	OR		ENTITY	
AMENDMENT A		REMA AF	AINING TER DMENT		N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOZ	Total	. 6	28	Minus	" <i>ċ</i>	30	= 8	x\$11	=	OR	x\$22=	144	
ME	Independent	. 6	,	Minus	٠٠٠٠	5	= /	x41=	:	OR	KOZ=	28 45	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135	=	OR	+270=			
	(Column 1) (Column 2) (Column 3)						(Column 3)	TOT ADDIT. F		OR	TOTAL ADDIT. FEE	2284	
ENT B	i -	REMA AF	NIMS NINING TER DMENT		NI PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQI	Total	•		Minus	**		=	x\$11:	=	OR	x\$22=	·	
AMENDME	Independent	•		Minus	***	,	=	x41=	:	OR	x82=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135:	=	OR	+270=			
	(Column 1) (Column 2) (Column 3)							TOT. ADDIT. F		OR	TOTAL ADDIT. FEE		
ENT C	Î	REMA AFT	IMS INING FER DMENT		NI PRE	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*		- Minus	**	-	=	x\$11=	=	OR	x\$22=		
	Independent	*		Minus	***		=	x41=		OR	x82=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135:	=	OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								ADDIT. FEE					

114



Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

		Ettec	ctive Octob	per 1, 20)O4						
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	OF	OTHER SMALL	R THAN ENTITY
T	OTAL CLAIMS	3					RATE	FEE	7	RATE	FEE
F	OR		NUMBER	FILED	NUM	IBER EXTRA	BASIC FI		\int_{OR}	BASIC FEE	
T	OTAL CHARGE	ÀBLE CLAIMS	mi	inus 20=	*		X\$ 9=	1	OR		
İŅ	DEPENDENT C	LAIMS	m	ninus 3 =	*		X42=	-	lori	-	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+140=				
*	If th difference	e in column 1 is	less than z	.ero, enter	r "0" in	column 2	TOTAL		OR	TOTAL	-
	(CLAIMS AS A	AMENDE	D - PAR	TII		10			OTHER	THAN
جنم		(Column 1)		(Colun	mn 2)	(Column 3)	SMALI	L ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F		PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 28	Minus	** 2	-8	=	X\$ 9=	1/	OR	X\$18=	1
AME	Independent	* O	Minus	*** 4		= (X42=	1/	OR	X84=	
	FIRST PRESC	ENTATION OF ML	JLTIPLE DEF	CLAIM		+140=	1	OR	+280=		
			1,				TOTAL ADDIT. FEE		- L	TOTAL ADDIT. FEE	···
	`.	(Column 1)	•	(Colum		(Column 3)	AUDII	- 		10011. I LL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* ENTATION OF MU	Minus	PENDENT	MIAIO	=	X42=		OR	X84=	
	1 1101111111	MINION OF MILE	CHIFEC DE.	ENUCIA	<u>ULAIIII</u>		+140=		OR	+280=	
							TOTAL ADDIT. FEE		OR A	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u>	Minus	***		=	X42=	-	ļ	X84=	
	FIRST PRESE	NTATION OF MU	/LTIPLE DEP	ENDENT	CLAIM		-		OR		
* p	f the entry in colu	mn 1 is less than the	uloo ni votne ee	mn 2 write	"O" in co'	luma 2	+140=		OR	+280=	
***	If the "Highest Nun If the "Highest Nur	mber Previously Pai mber Previously Pai mber Previously Paid	aid For" IN THIS aid For" IN THIS	S SPACE is I S SPACE is	less than less than	in 20, enter "20." an 3, enter "3."	TOTAL ADDIT. FEE found in the ap			TOTAL ADDIT. FEE L Jumn 1.	